24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
RIGHT WOMEN PAC	
	C C00718841
Check if 24-hour report 48-hour report New report Amends report fi	iled on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Ring Limited	M M / D D / Y Y Y Y
Mailing Address PO Box 207	10 23 2020
	Amount
City State Zip Code	29513.40
Dublin OH 43017	Transaction ID: SE2147483612 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ads Category/ Type 004	10 07 / Y 2020
Name of Federal Candidate Support Of	ffice Sought:
PAULINA LUNA, ANNA, , , Oppose	President Senate State: FL
Odichdal Ical lo Date	isbursement For: Primary X General 20 Other (specify) ▶
Full Name of Payee Ring Limited	Date of Public Distribution/Dissemination
Mailing Address	10 09 2020
Mailing Address PO Box 207	Amount
City State Zip Code	35980.98
Dublin OH 43017	Transaction ID : SE2147483611 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ads and Data Category/ Type 004	10 07 7 2020
Name of Federal Candidate Support O	ffice Sought: House District: 13
PAULINA LUNA, ANNA, , , Oppose	President Senate State: FL
	isbursement For: Primary General 020
(a) SUBTOTAL of Itemized Independent Expenditures	65494.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eiparty committee) any political party committee or its agent.	•
DATWYLER, THOMAS, , , [Electronically Filed] Date	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TI EXI EITE	TOTILO		PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
RIGHT WOMEN PAC				C C00718841
Check if 24-hour report 48-hour report	X New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Ring Limited			[10 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 207			Amou	unt
City	State	Zip Code	$-\Gamma$	10515.70
Dublin	ОН	43017		saction ID : SE2147483610 of Disbursement or Obligation
Purpose of Expenditure Media Placement		Category/ Type 004		10 07 2020
Name of Federal Candidate		X Support	Office Sough	nt: X House District: 13
PAULINA LUNA, ANNA, , ,		Oppose	Presid	lent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	90000.00	Disbursemen 2020	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Ring Limited				10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 207			Amo	unt
City	State	Zip Code	— I I I	13989.92
Dublin	ОН	43017		action ID : SE2147483609 of Disbursement or Obligation
Purpose of Expenditure Media Placement and Production		Category/ Type 004] [10 07 2020
Name of Federal Candidate		x Support	Office Soug	ht: X House District: 13
PAULINA LUNA, ANNA, , ,		Oppose	Presid	dent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 7	13989.92	Disburseme 2020	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	res			24505.62
(a) collision contact masperson in Expension				24000.02
(b) SUBTOTAL of Unitemized Independent Expend	itures		• •	4 4
(c) TOTAL Independent Expenditures			•	90000.00
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
DATWYLER, THOMAS, , , Signature	[Electron	ically Filed] Date	10	08 2020
Signature				